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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 09/800,839		FILING DATE				
							APPLICANT(S)						
4-21-09 10/11/09 CLAIMS													
	BEFORE		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT			NO	DEP	NO	DEP	NO	DEP
1	/		/		/		81						
2		/		/		/	82						
3	/		/		/		83						
4		/		/		/	84						
5		/		/		/	85						
6		/		/		/	86						
7	/		/		/		87						
8	/		/		/		88						
9	/		/		/		89						
10	/		/		/		90						
11	/		/		/		91						
12	/		/		/		92						
13		/		/		/	93						
14		/		/		/	94						
15		/		/		/	95						
16		/		/		/	96						
17	/		/		/		97						
18	/		/		/		98						
19	/		/		/		99						
20	/		/		/		100						
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50													
TOTAL NO.	10		10		10		TOTAL NO.						
TOTAL DEP.	11		11		11		TOTAL DEP.						
TOTAL CLAIMS	21		21		21		TOTAL CLAIMS						